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APPLICATION FOR LICENSE TO OPERATE ELEVATORS (in accordance with G.L. C. 143, S.71G as amended)

NOTE: Applicant must be eighteen(18) years of age or over. Applicant must answer all questions(in ink) on this application, and will note that the filing of it does not permit him/her to operate an elevator, pending examination. License must first be obtained. Any false statements will cause for revocation of license if granted.

Name: _____ Social Security# _____

Please Print

Address: _____

Home Telephone # _____ Work Telephone# _____

Name of Employer _____

Address: _____

PERSONAL DESCRIPTION OF APPLICANT

Date of Birth: _____ Place of Birth _____ Weight _____

Color of Eyes _____ Color of Hair _____ Height _____

Work experience in Elevators is as follows:

Employer _____

Type of Elevator _____

Length of Service _____ Year _____

PURSUANT TO MASSACHUSETTS GENERAL LAWS, CHAPTER 62C, SECTION 49A, I CERTIFY THAT TO MY BEST KNOWLEDGE AND BELIEF, I HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

The above statements are made under the penalty of perjury.

Applicants signature: _____ Date: _____

A fee of twenty five dollars (\$25.00) must accompany this application
(applicant do not write below this line)

Examined by: _____ Date _____

For: _____ Passenger _____ Freight _____ Result: _____